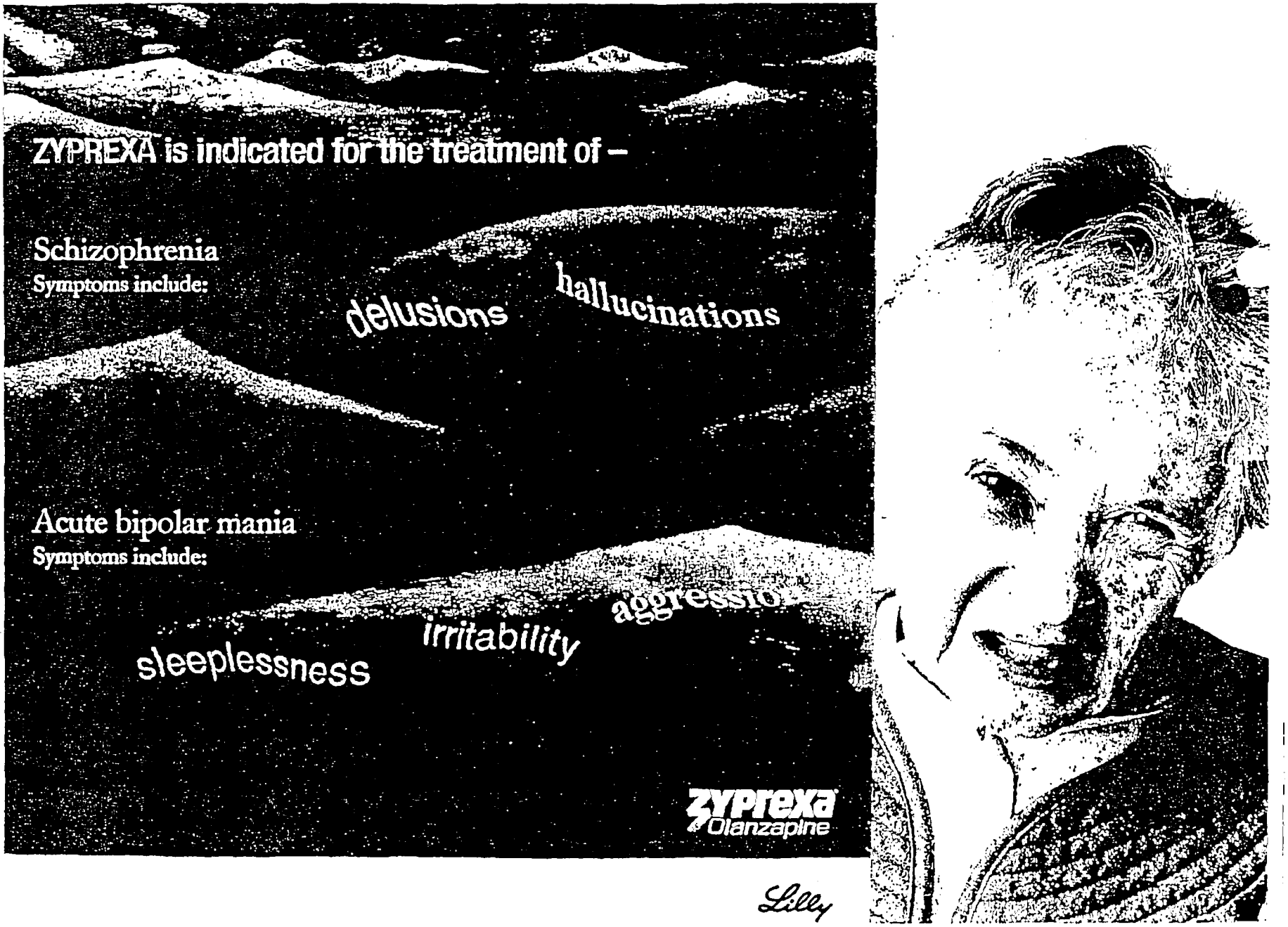
EXHIBIT D


ZYPREXA is indicated for the treatment of –
Schizophrenia
Symptoms include:
delusions
hallucinations
Acute bipolar mania
Symptoms include:
aggressio
irritability
sleeplessness
ZYPREXA
Olanzapine
Lilly

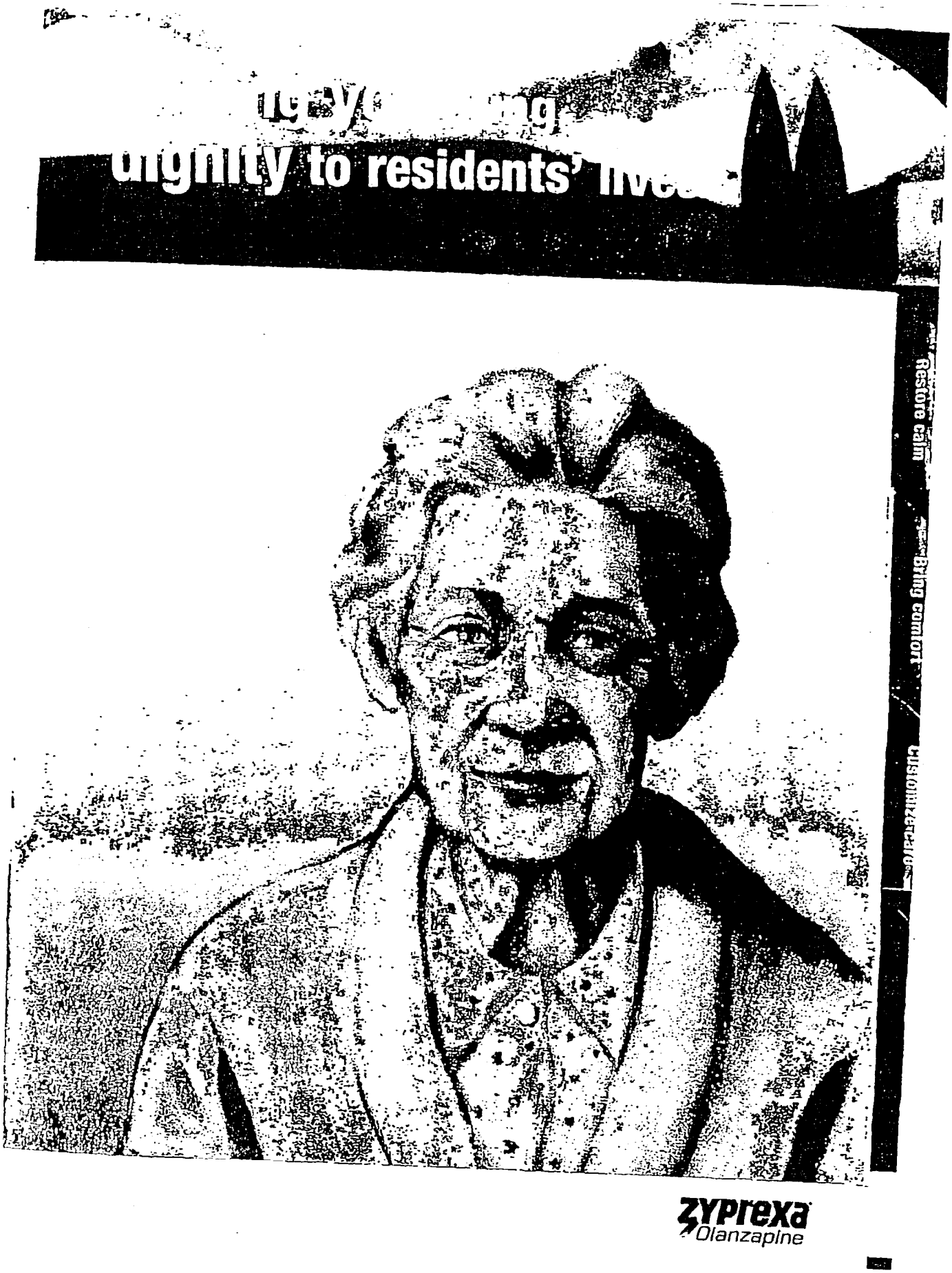
Predictable symptom control of both psychosis and elevated mood helps you **restore calm.**

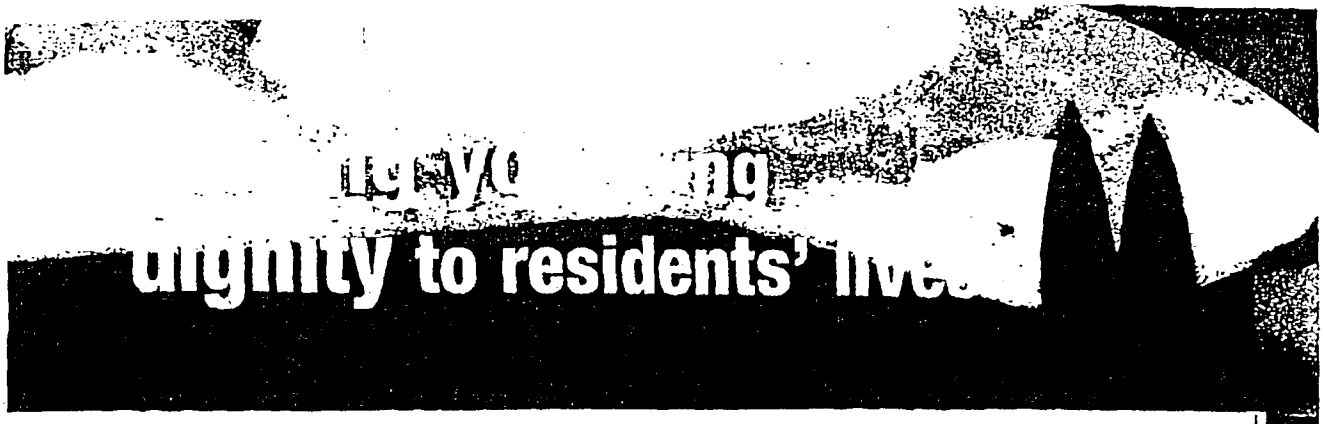
Dependable maintenance of treatment response in schizophrenia helps you **bring comfort.**

Flexible dosing helps you **customize care.**

ZYPREXA is indicated for the treatment of schizophrenia and acute bipolar mania.

Caution should be used in dosing to the elderly, especially if there are other factors that might additively influence drug metabolism and/or pharmacodynamic sensitivity.


dignity to residents' live
Restore calm
Bring comfort
ZYPREXA
Olanzapine



Significantly more patients achieved higher levels of improvement in psychosis compared to risperidone[1]

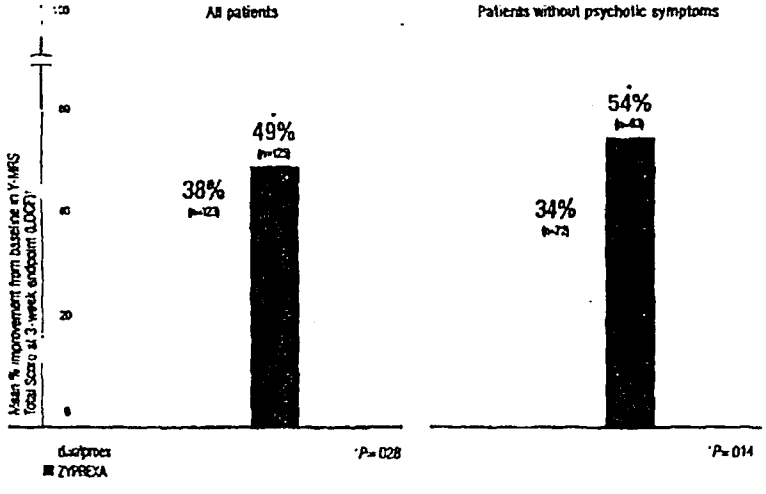
In a schizophrenia study, a significantly greater percentage of patients treated with ZYPREXA achieved an improvement of ≥40% in PANSS Total Score as compared with risperidone-treated patients. The percentage of patients achieving a 20% improvement in PANSS Total Score was comparable between treatment groups.[1]

1 Tzi... PV, et a... *J Clin Psychopharmacol* 1997;17:407-418.

† PANSS is Positive and Negative Syndrome Scale, consisting of 30 items.

See page 6 for more information.

Efficacy in treating symptoms of elevated mood[1,2]



Symptoms include:

IRRITABILITY

DISRUPTIVE/ AGGRESSIVE BEHAVIOR

SLEEP DISTURBANCE

In this bipolar mania study, for those with psychotic symptoms, groups treated with ZYPREXA and divalproex showed comparable improvement in Y-MRS Total Score (ZYPREXA 42%, divalproex 43%; *P*=NS).

ZYPREXA is indicated for the treatment of schizophrenia and acute bipolar mania.

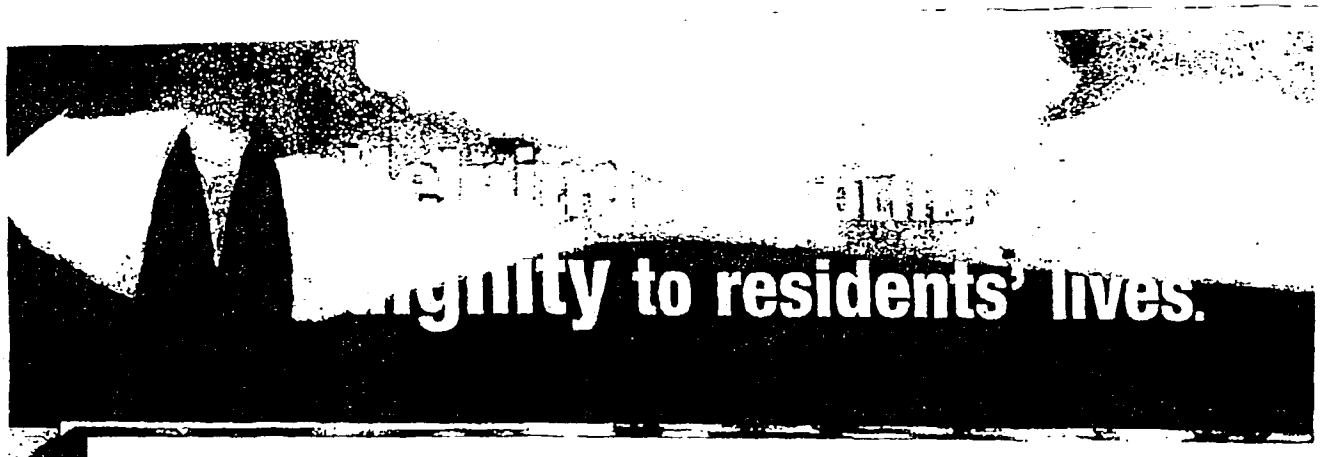
For additional safety profile and other important prescribing considerations, see pages 16-17 and full Prescribing Information. Also, see pages 18-19 for Methodology and Study Limitations. For safety information on risperidone or divalproex, see manufacturers' package inserts.

1. Tohen M, et al. *Am J Psychiatry* 2002;159(6):1011-1017.

2 Data on file, Lilly Research Laboratories.

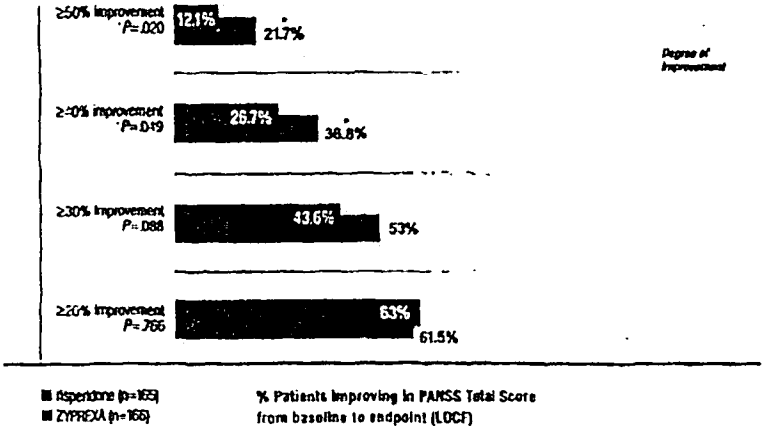
† Y-MRS is Young Mania Rating Scale, consisting of 11 items. LOCF is Last Observation Carried Forward.

Mean modal doses were 17 mg/day for ZYPREXA and 1400 mg/day for divalproex.



Predictable

Efficacy in total symptom improvement[1]



Symptoms include:

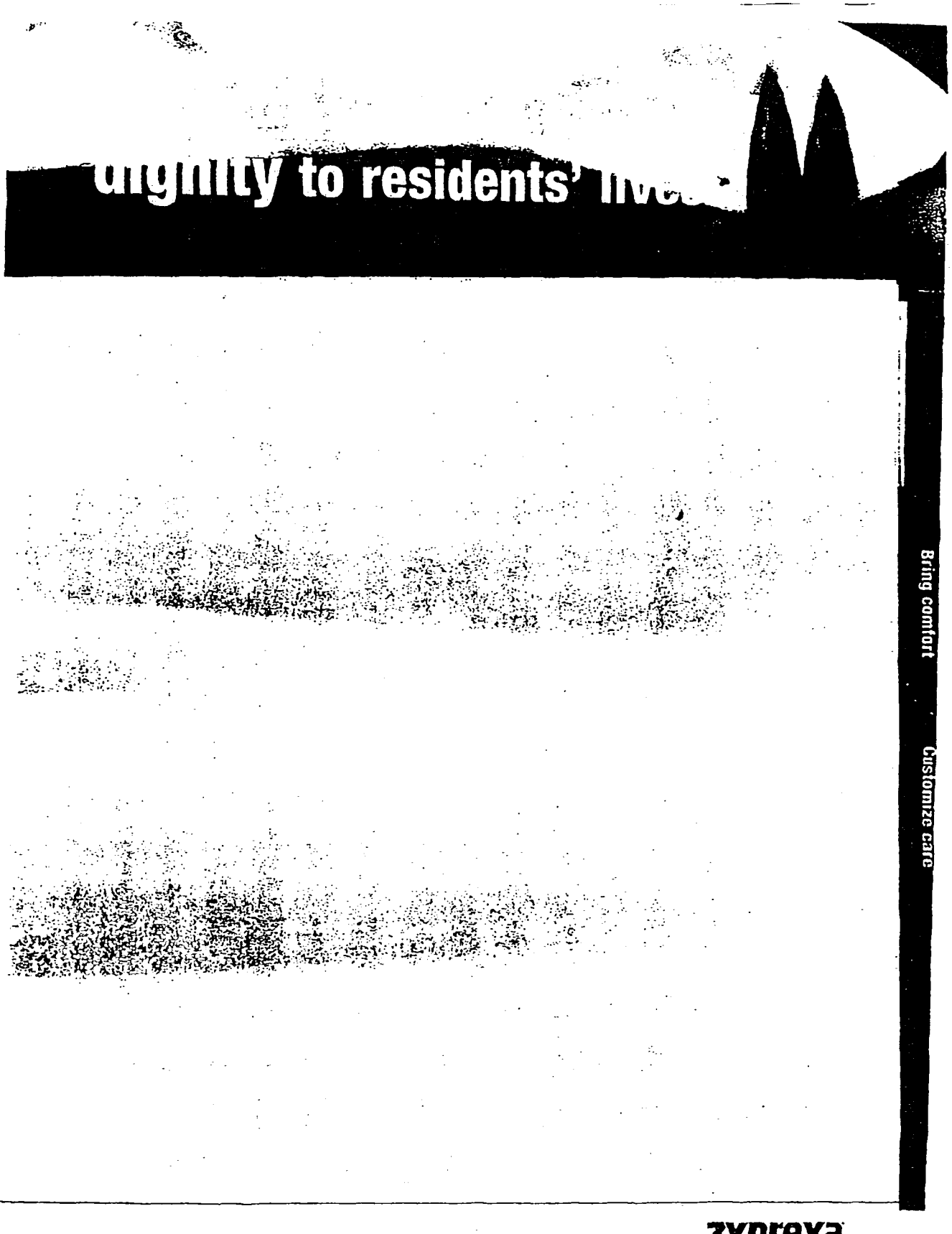
- HOSTILITY
- DELUSIONS
- EXCITEMENT
- HALLUCINATORY BEHAVIOR

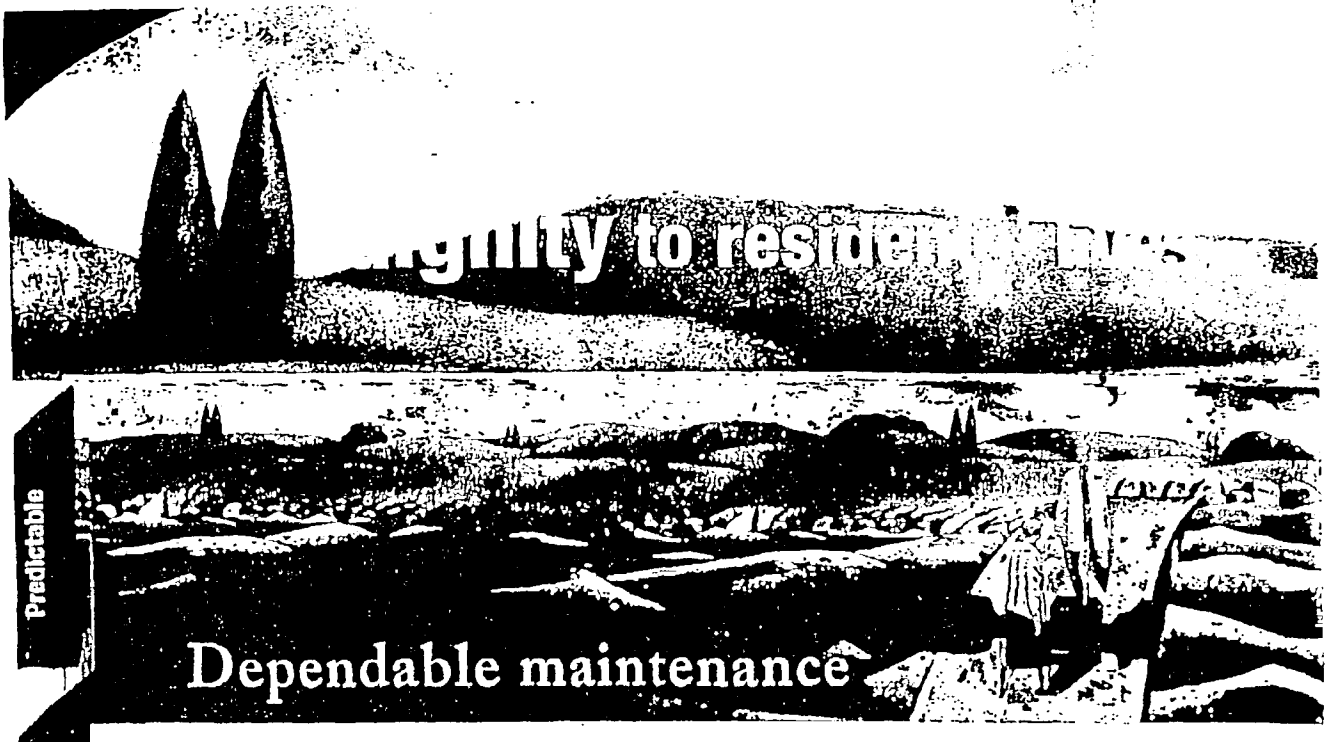
In this schizophrenia study, a significantly greater percentage of patients treated with ZYPREXA achieved an improvement of ≥40% in PANSS Total Score as compared with risperidone-treated patients.

ZYPREXA is indicated for the treatment of schizophrenia and acute bipolar mania.

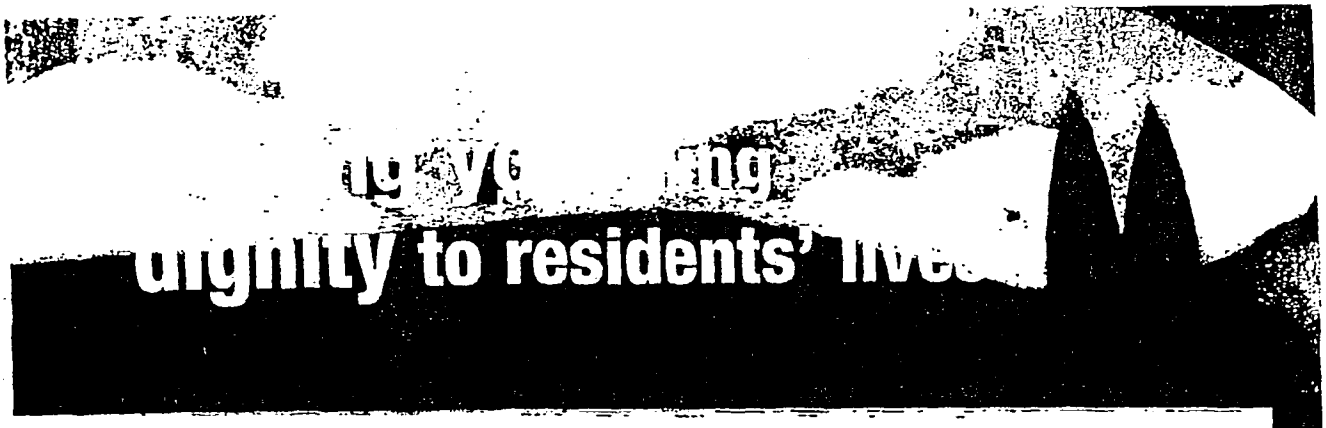
For additional safety profile and other important prescribing considerations, see pages 16-17 and 18 Prescribing Information. Also, see pages 18-19 for Methodology and Study Limitations. For safety information on risperidone, see manufacturer's package insert.

1 Tran PV, et al. *J Clin Psychopharmacol*. 1997;17:407-418.

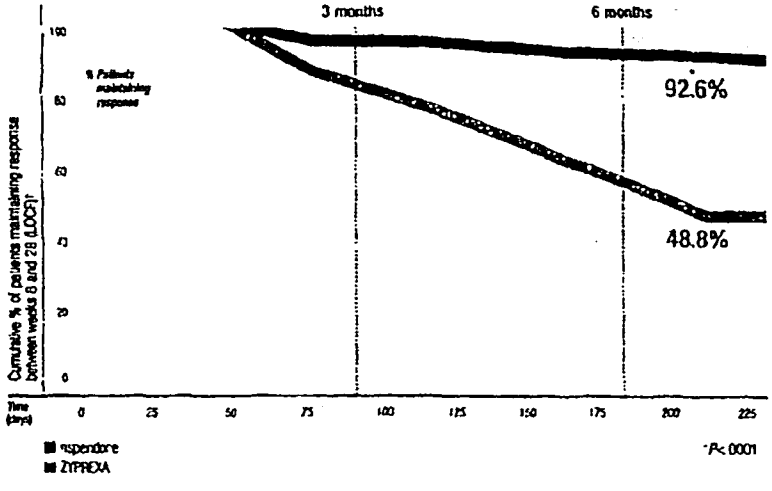

dignity to residents' live
Bring comfort
Customize care
zyprexa
Olanzapine



of treatment response in schizophrenia helps you **bring comfort.**



Superior maintenance of treatment response[1,2]



In this schizophrenia study, significantly fewer patients who reached more robust levels of improvement (≥40%) taking ZYPREXA experienced relapses at 28 weeks, compared to patients taking risperidone.

Significantly more patients taking ZYPREXA who had ≥20% improvement in PANSS Total Score at week 8 maintained their clinical response through week 28 (ZYPREXA 87.9%, n=105; risperidone 67.7%, n=94; P=.001).[1,†]

Patients should be periodically reassessed to determine the need for maintenance treatment with appropriate dose.

ZYPREXA is indicated for the treatment of schizophrenia and acute bipolar mania.

For additional safety profile and other important prescribing considerations, see pages 16-17 and full Prescribing Information. Also, see pages 18-19 for Methodology and Study Limitations. For safety information on risperidone, see manufacturer's package insert.

Understanding OBRA‡

6 months

- ✓ Reevaluate patients
- ✓ No requirement for mandatory dose reduction

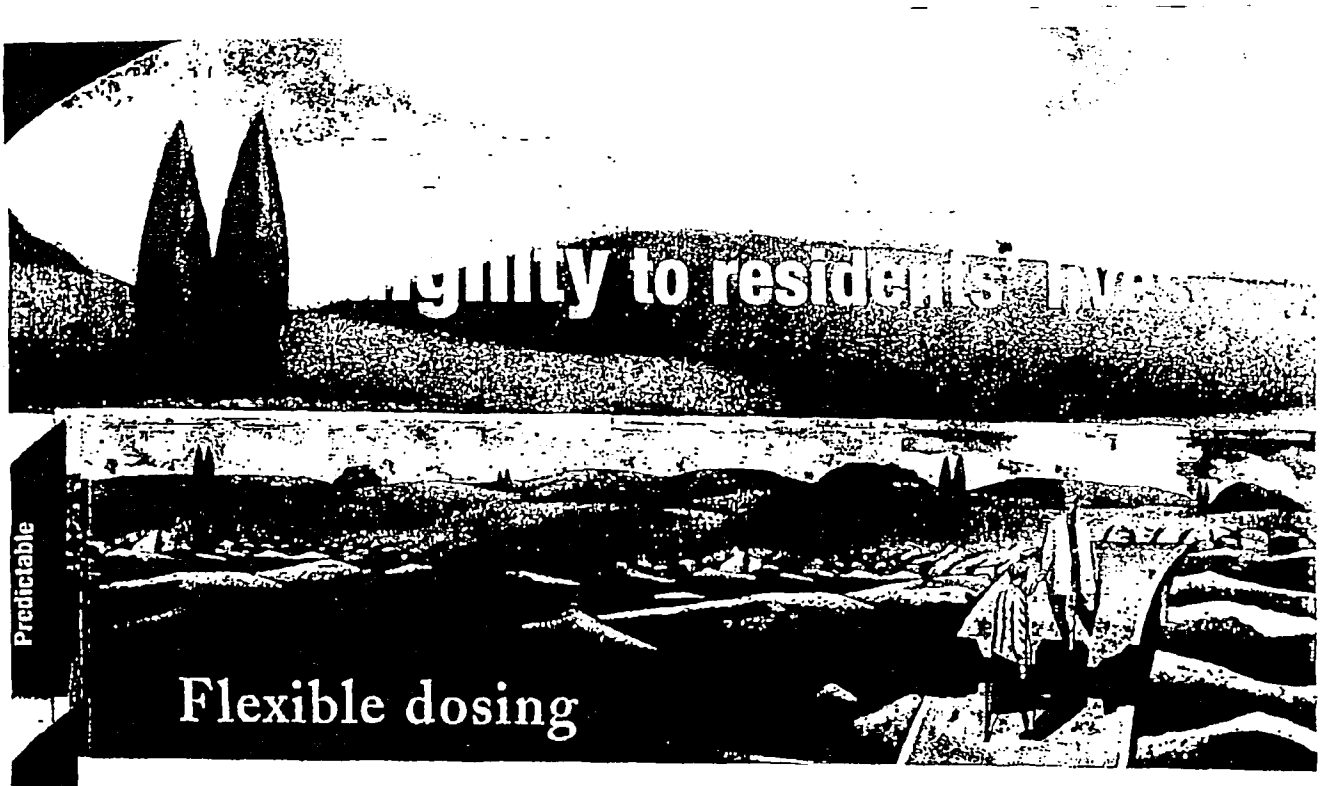
1. Tran PV, et al. *J Clin Psychopharmacol* 1997;17:407-418.
2. Data on file, Lilly Research Laboratories.

† Response defined as ≥40% improvement in PANSS Total Score at week 8 (ZYPREXA n=44, risperidone n=37). Relapse defined as ≥20% worsening in PANSS Total Score plus CGI-S≥3 after 8 weeks.

‡ The Omnibus Budget Reconciliation Act (OBRA) guidelines for the use of antipsychotics were released in 1987.

Customize care

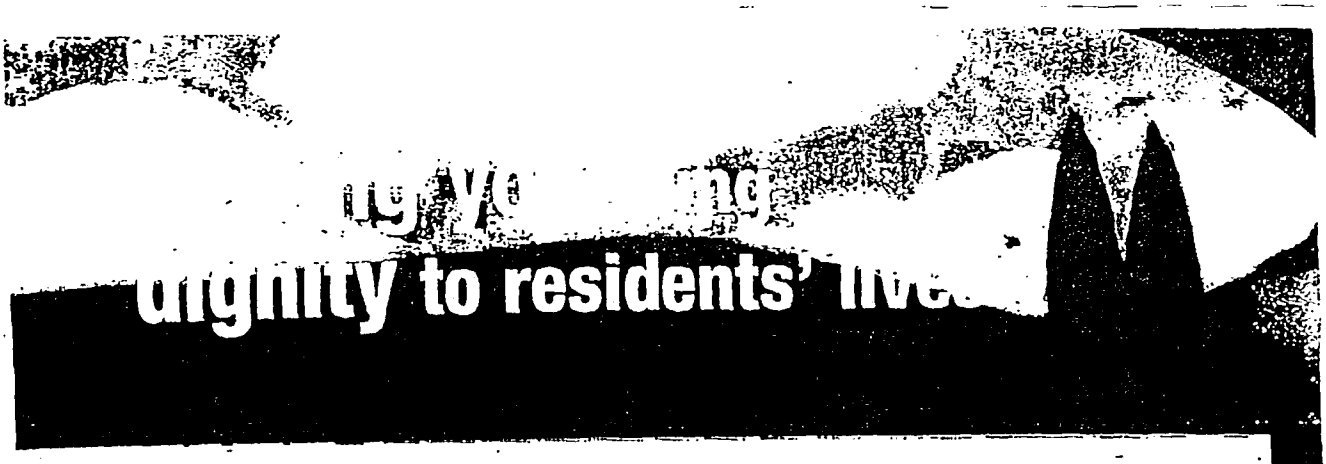
ZYPREXA Olanzapine



Dependable

helps you **customize care.**

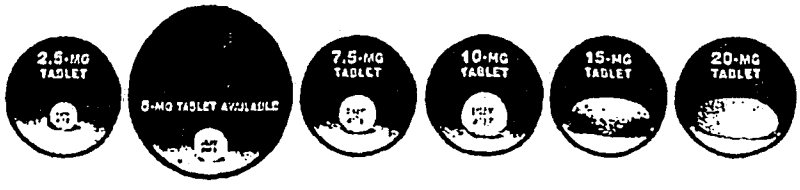
Flexible



ZYPREXA tablets

Once-daily dosing without regard to meals.

Starting dose of 5 mg recommended in patients ≥65 years of age.

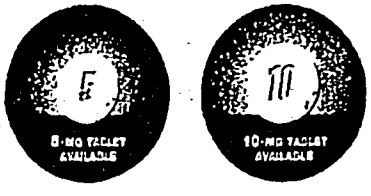


ZYPREXA® Zydis® (Olanzapine) Orally Disintegrating Tablets

Quickly dissolves orally in as little as 5 seconds.

When symptoms potentially lead to noncompliance (cheekers, spitters).

When residents are having difficulty swallowing medications.



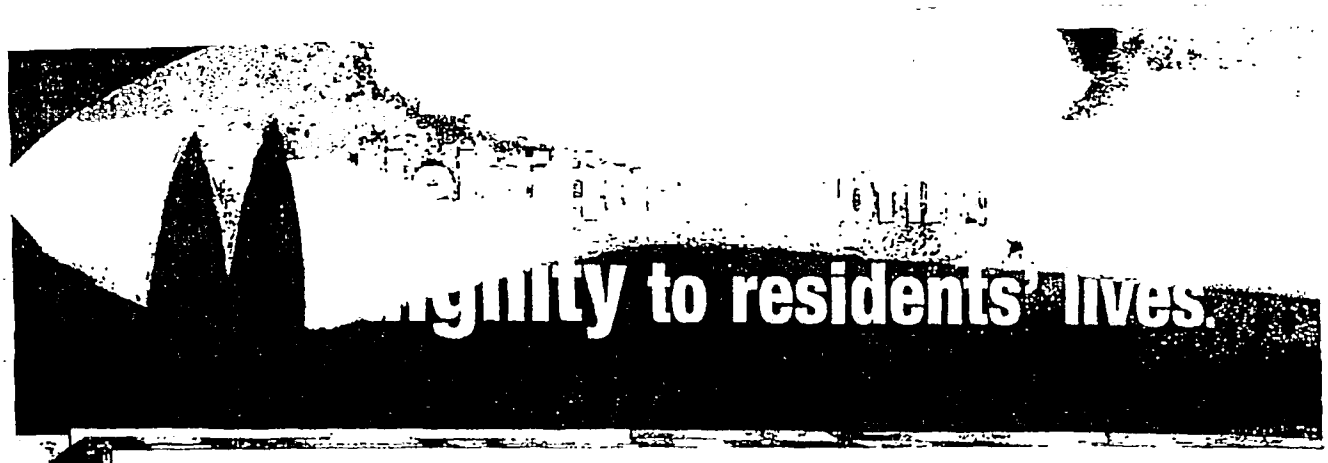
Phenylketonurics: ZYPREXA Zydis contains phenylalanine. Zydis is a registered trademark of R.P. Scherer Corporation

Caution should be used in dosing to the elderly, especially if there are other factors that might additively influence drug metabolism and/or pharmacodynamic sensitivity.

ZYPREXA is indicated for the treatment of schizophrenia and acute bipolar mania.

For additional safety profile and other important prescribing considerations, see pages 16-17 and full Prescribing Information

zyprexa



Predictable

Dependable

Flexible

Favorable safety profile

Low potential for harmful drug interactions if concomitant use is necessary

Little potential shown *in vitro* to inhibit P450 cytochromes:

valproate	warfarin	theophylline	diazepam
lithium	biperiden	imipramine	

Coadministration of diazepam or ethanol with ZYPREXA may potentiate orthostatic hypotension. Lower doses of ZYPREXA should be considered in patients receiving concomitant treatment with fluvoxamine.

Low potential for cerebrovascular accidents

Only 0.12% of patients in placebo-controlled schizophrenia registration trials (patient ages 18-94) experienced treatment-emergent CVAs (3/2500).[1]

Low potential for anticholinergic-like side effects

Incidence of common anticholinergic-like events not statistically different from placebo.[1]

Anticholinergic side effects may include: dry mouth, blurred vision, constipation, urinary retention, and increased heart rate.

No baseline ECG required

No difference in clinically significant QTc prolongation with ZYPREXA compared to placebo in premarketing clinical trials.

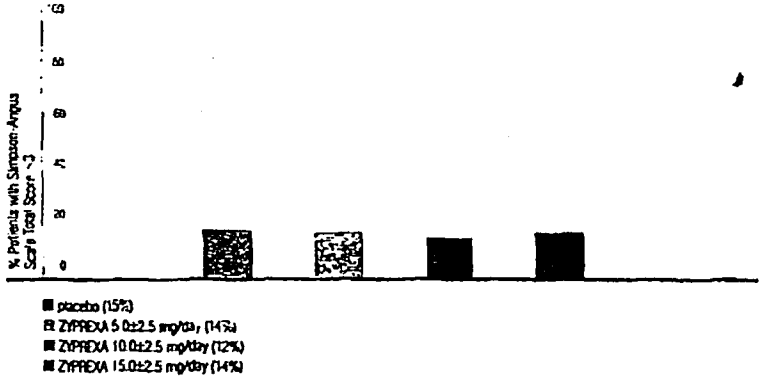
No routine liver or kidney function tests required

No adjustment of dosage required based upon degree of renal impairment

1. Data on file, Lilly Research Laboratories.
† In patients with schizophrenia in 2 studies who had up to 6 weeks of therapy with ZYPREXA 2.5 to 17.5 mg/day (n=248) or with placebo (n=118).

dignity to residents' live

Incidence of EPS comparable to placebo



In placebo-controlled schizophrenia trials, the incidence of treatment-emergent extrapyramidal symptoms (EPS) associated with ZYPREXA was comparable to placebo,[1] as assessed by the Simpson-Angus Scale for Parkinsonism.[‡]

In only one analysis of a placebo-controlled study, only one specific form of EPS, akathisia, was reported significantly more often with ZYPREXA at any specific dose (10.0±2.5 or 15.0±2.5 mg/day) compared with placebo.

† Treatment-emergent EPS was analyzed in a double-blind, placebo controlled comparison of ZYPREXA 5.0±2.5, 10.0±2.5 and 15.0±2.5 mg/day with placebo and haloperidol 15.0±5.0 mg/day including 335 patients with schizophrenia. Results shown are for the 6-week acute phase.

‡ No statistically significant differences vs placebo.

For additional safety profile and other important prescribing considerations, see pages 16-17 and for Prescribing Information. Also, see pages 18-19 for Methodology and Study Limitations.

ZYPREXA Olanzapine

...gnity to residents' lives.

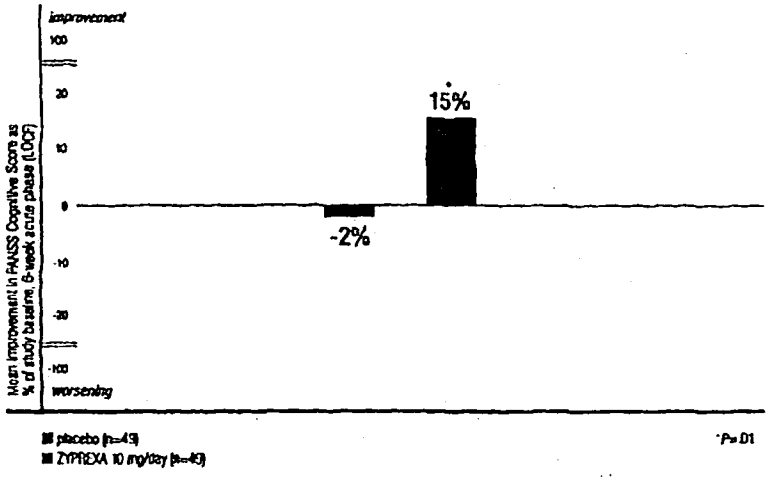
Predictable

Dependable

Flexible

ADDITIONAL DATA

No impairment in cognition[1]



Including:

ATTENTION

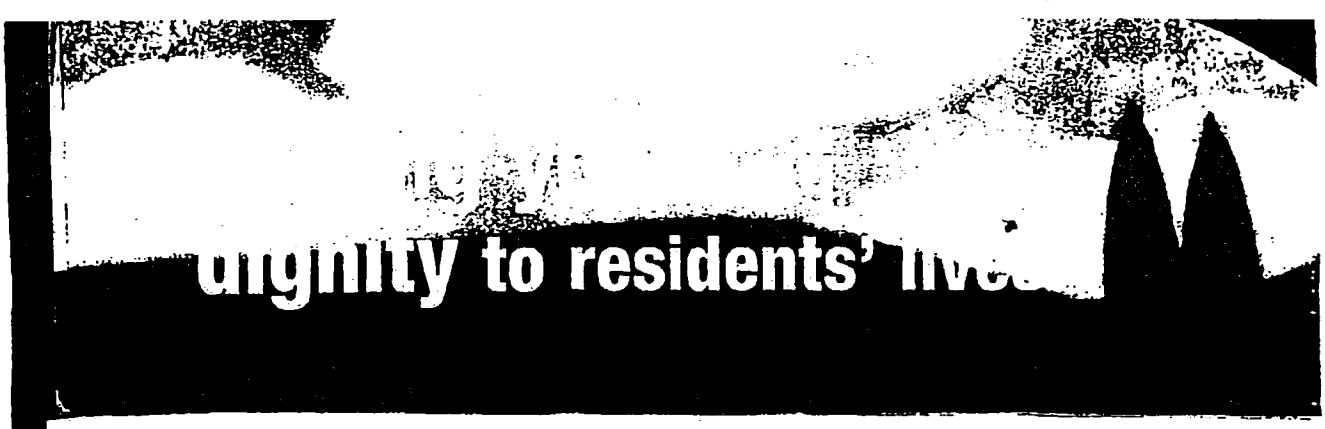
ORGANIZED THINKING

JUDGMENT AND INSIGHT

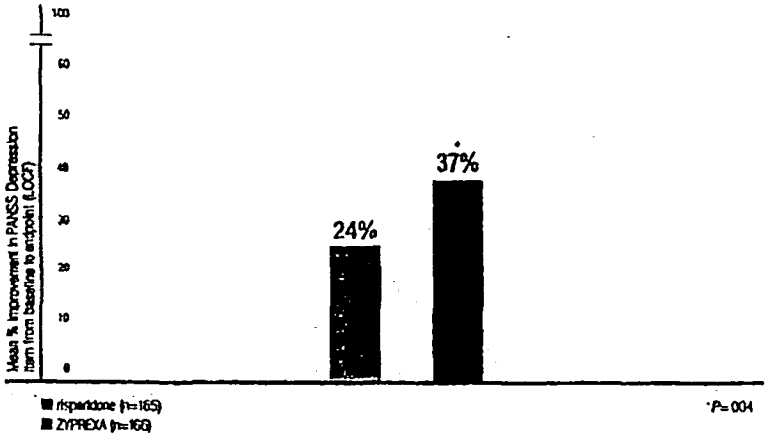
In this schizophrenia study, ZYPREXA significantly improved cognition as compared to placebo, as demonstrated by PANSS Cognitive Score.†

1. Data on file, Lilly Research Laboratories.

† Results shown are from the 6-week acute phase of a double-blind comparison of ZYPREXA 1.0 and 10.0 mg/day with placebo, involving 152 patients with schizophrenia.



Efficacy in improving depressive symptoms[1]



Symptoms include:

SADNESS

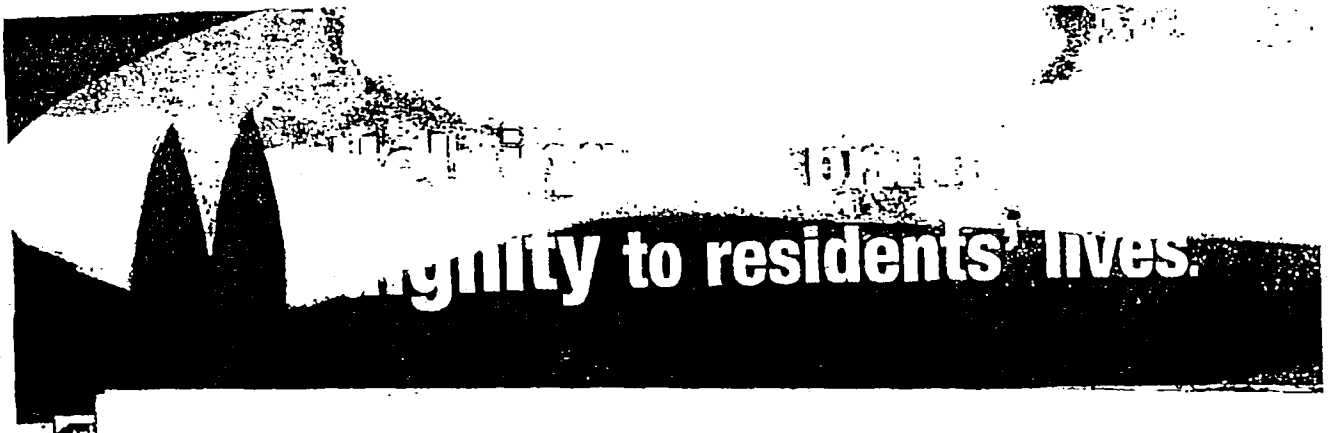
HOPELESSNESS

In this schizophrenia study, ZYPREXA was significantly more effective than risperidone in improving depressive symptoms.

For additional safety profile and other important prescribing considerations, see pages 16-17 and full Prescribing Information. Also, see pages 18-19 for Methodology and Study Limitations. For safety information on risperidone, see manufacturer's package insert.

1. Tran PV, et al. *J Clin Psychopharmacol* 1997;17:407-418.

ZYPREXA Olanzapine



Predictable
Dependable
Flexible

Additional prescribing considerations

The most common treatment-emergent adverse event associated with ZYPREXA vs placebo in 6-week schizophrenia trials was somnolence (26% vs 15%). Also observed (ZYPREXA vs placebo) were:

postural hypotension (5% vs 2%)	akathisia (5% vs 1%)	constipation (9% vs 3%)
personality disorder* (3% vs 4%)	dizziness (11% vs 4%)	weight gain (6% vs 1%)

The most common treatment-emergent adverse event (reported in ≥10% of patients) with ZYPREXA vs risperidone in a schizophrenia trial was somnolence (26% vs 24%). Also observed (ZYPREXA vs risperidone) were:

anxiety (19% vs 17%)	weight gain (16% vs 8%)	headache (15% vs 11%)
insomnia (11% vs 14%)	depression (6% vs 11%)	rhinitis (9% vs 14%)
nausea (4% vs 10%)		

The most common treatment-emergent adverse event associated with ZYPREXA vs placebo in short-term, placebo-controlled trials in bipolar mania was somnolence† (35% vs 13%). Also observed (ZYPREXA vs placebo) were:

dry mouth† (22% vs 7%)	constipation (11% vs 5%)	increased appetite (6% vs 3%)
dizziness† (18% vs 6%)	dyspepsia (11% vs 5%)	tremor (6% vs 3%)
asthenia† (15% vs 6%)		

Common and significantly different adverse events in a 3-week bipolar mania trial of ZYPREXA vs divalproex were:

somnolence (39.2% vs 20.6%)	increased appetite (12.0% vs 2.4%)	dry mouth (33.6% vs 6.3%)
nausea (10.4% vs 28.6%)		

Other treatment-emergent adverse events reported in 5–10% of patients and significantly greater for ZYPREXA vs divalproex included tremor (9.6% vs 3.2%), neck rigidity (7.2% vs 1.6%), speech disorder (8.0% vs 0.8%), and sleep disorder (5.6% vs 0.8%)

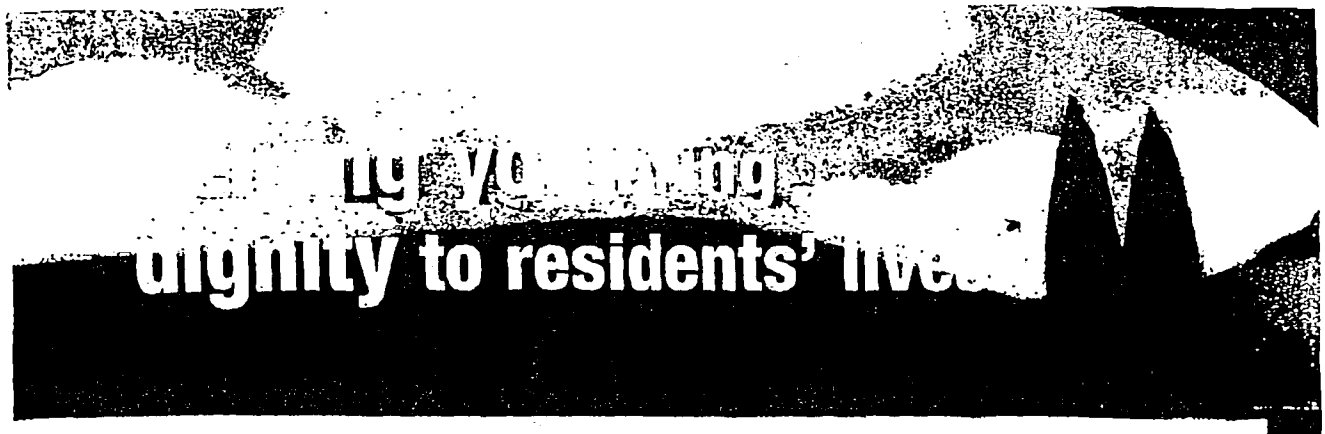
Orthostatic hypotension

In premarketing schizophrenia trials, some patients taking ZYPREXA experienced orthostatic hypotension associated with dizziness‡; tachycardia‡; and, in some cases, syncope (15/2500, 0.6%).

* COSTART term for nonaggressive objectionable behavior.

† In bipolar mania trials, 4 adverse events occurred with statistically significantly higher incidence with ZYPREXA than with placebo; none of these resulted in discontinuation.

‡ In acute-phase trials (n=366), dizziness (11% vs 4%) and tachycardia (4% vs 1%) were reported; these events were not always associated with hypotension.



Transient, asymptomatic elevations of hepatic transaminase

In placebo-controlled schizophrenia studies, clinically significant ALT (SGPT) elevations (≥3 times the upper limit of the normal range) were observed in 2% (6/243) of patients exposed to ZYPREXA compared to none (0/115) of the placebo patients. None of these patients experienced jaundice. Periodic assessment of transaminases is recommended in patients with significant hepatic disease.

As with all antipsychotic medications, the following considerations should be taken into account when prescribing ZYPREXA:

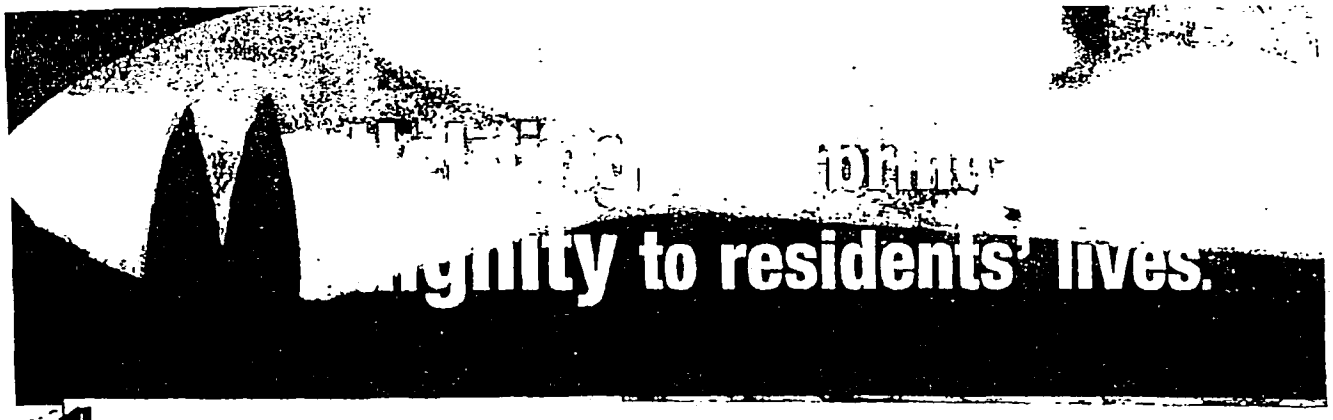
Tardive dyskinesia (TD)—prescribing should be consistent with the need to minimize the risk of TD. If its signs and symptoms appear, discontinuation should be considered.

Seizures—occurred infrequently in premarketing clinical trials of ZYPREXA (22/2500, 0.9%). Confounding factors may have contributed to many of these occurrences. ZYPREXA should be used cautiously in patients with a history of seizures or with conditions that lower the seizure threshold. Such conditions may be more prevalent in patients age 65 or older.

Use in special populations—In a clinical study involving nursing home patients having various psychiatric symptoms in association with Alzheimer's disease, somnolence, abnormal gait, fever, dehydration, and back pain were observed more often with ZYPREXA than with placebo. Of the 2500 patients in premarketing clinical studies with ZYPREXA, 11% (263) were 65 years of age or over. As with other CNS-active drugs, ZYPREXA should be used with caution in elderly patients with dementia. For patients of any age requiring special consideration, eg, patients who are debilitated, who are predisposed to hypotensive reactions, who have a combination of factors that may result in slower metabolism of ZYPREXA, or who may be more pharmacodynamically sensitive to ZYPREXA, a starting dose of 5 mg/day is recommended. When indicated, dose escalation should be performed with caution in these patients.

For additional safety profile and other important prescribing considerations, see the full Prescribing Information. For Methodology and Study Limitations, see pages 18-19.
For safety information on risperidone or divalproex, see manufacturers' package inserts.

ZYPREXA
Olanzapine



Predictable

Dependable

Flexible

Methodology and study limitations

ZYPREXA vs risperidone in schizophrenia

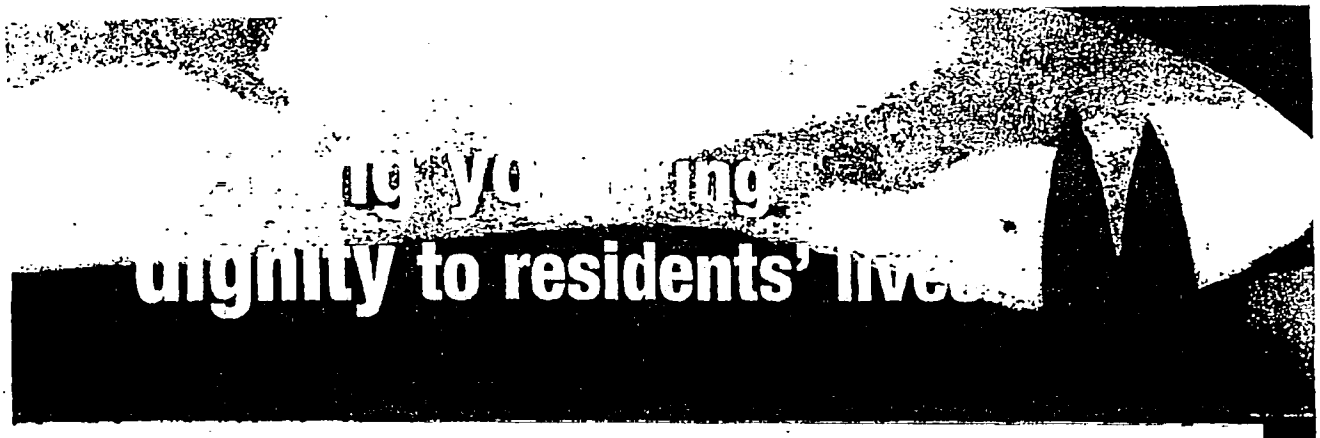
This was a double-blind, randomized, multicenter, international trial of 339 patients with schizophrenia, schizoaffective disorder, or schizophreniform disorder. Patients were randomized at a 1:1 ratio to treatment with ZYPREXA 10-20 mg/day or risperidone 4–12 mg/day. Patients enrolled in the study had the opportunity to complete 28 weeks of treatment. A total of 178 patients (52.5%) completed the study (ZYPREXA 57.6%; risperidone 47.3%; $P=.059$).

- In this flexible-dose study, patients treated with ZYPREXA initiated therapy at 15 mg/day for the first 7 days of treatment. Thereafter, investigators could adjust the daily dose upward or downward by 5 mg/day every 7 days (range 10–20 mg) as clinically indicated. The mean modal dose for ZYPREXA was 17.2 mg/day.
- Consistent with labeling, risperidone-treated patients began titration at a dose of 1 mg twice daily on day 1, 2 mg twice daily on day 2, and 3 mg twice daily on days 3 through 7. Thereafter, investigators could adjust dose upward or downward by 2 mg/day every 7 days within the approved range of 4–12 mg/day as clinically indicated. The mean modal dose for risperidone was 7.2 mg/day.
- Treatment-emergent EPS was identified based on the following criteria: Simpson-Angus Scale total score >3 at any post-baseline visit for subjects with baseline ≤3; Barnes Akathisia Scale global score ≥2 at any post-baseline visit for subjects with baseline <2.
- Patients who were previously exposed to risperidone were not excluded from this study, whereas patients previously exposed to ZYPREXA were.

ZYPREXA vs divalproex in bipolar mania

This was a double-blind, randomized, acute-phase, 3-week study conducted in 44 US sites to compare the efficacy and safety of ZYPREXA vs divalproex. 251 patients with a DSM-IV diagnosis of bipolar I disorder experiencing acute mixed or manic episodes (baseline Young Mania Rating Scale [Y-MRS] Total Score ≥20), with or without psychotic features, with or without rapid cycling courses were included.

- Dosing ranges were 5–20 mg QD for ZYPREXA and 500–2500 mg divided for divalproex, with starting daily doses at 15 mg for ZYPREXA and 750 mg for divalproex. For the 3-week trial, mean modal doses were 17 mg for ZYPREXA and 1400 mg for divalproex; mean ending doses were 17 mg QD for ZYPREXA and 1500 mg divided for divalproex. Dosing adjustments could be made after 2 days and were based on clinical response and plasma levels. Plasma levels were performed to ensure divalproex trough levels were maintained within the targeted therapeutic range of 50–125 µg/mL. Up to 4 blood samples were obtained per patient (mean, 2.7 samples); the mean value of all levels obtained was 79.4 µg/mL.



PANSS Total Score Individual Items include: delusions, conceptual disorganization, hallucinatory behavior, excitement, grandiosity, suspiciousness/persecution, hostility, blunted affect, emotional withdrawal, poor rapport, passive/apathetic social withdrawal, difficulty in abstract thinking, lack of spontaneity and flow of conversation, stereotyped thinking, somatic concern, anxiety, guilt feelings, tension, mannerisms and posturing, depression, motor retardation, uncooperativeness, unusual thought content, disorientation, poor attention, lack of judgment and insight, disturbance of volition, poor impulse control, preoccupation, and active social avoidance. The items are rated on a 7-point scale from 1 (absent) to 7 (extreme).

Y-MRS Individual Items include: elevated mood, increased motor activity/energy, sexual interest, sleep, irritability, speech (rate and amount), language/thought disorder, thought content, disruptive/aggressive behavior, appearance, and insight.

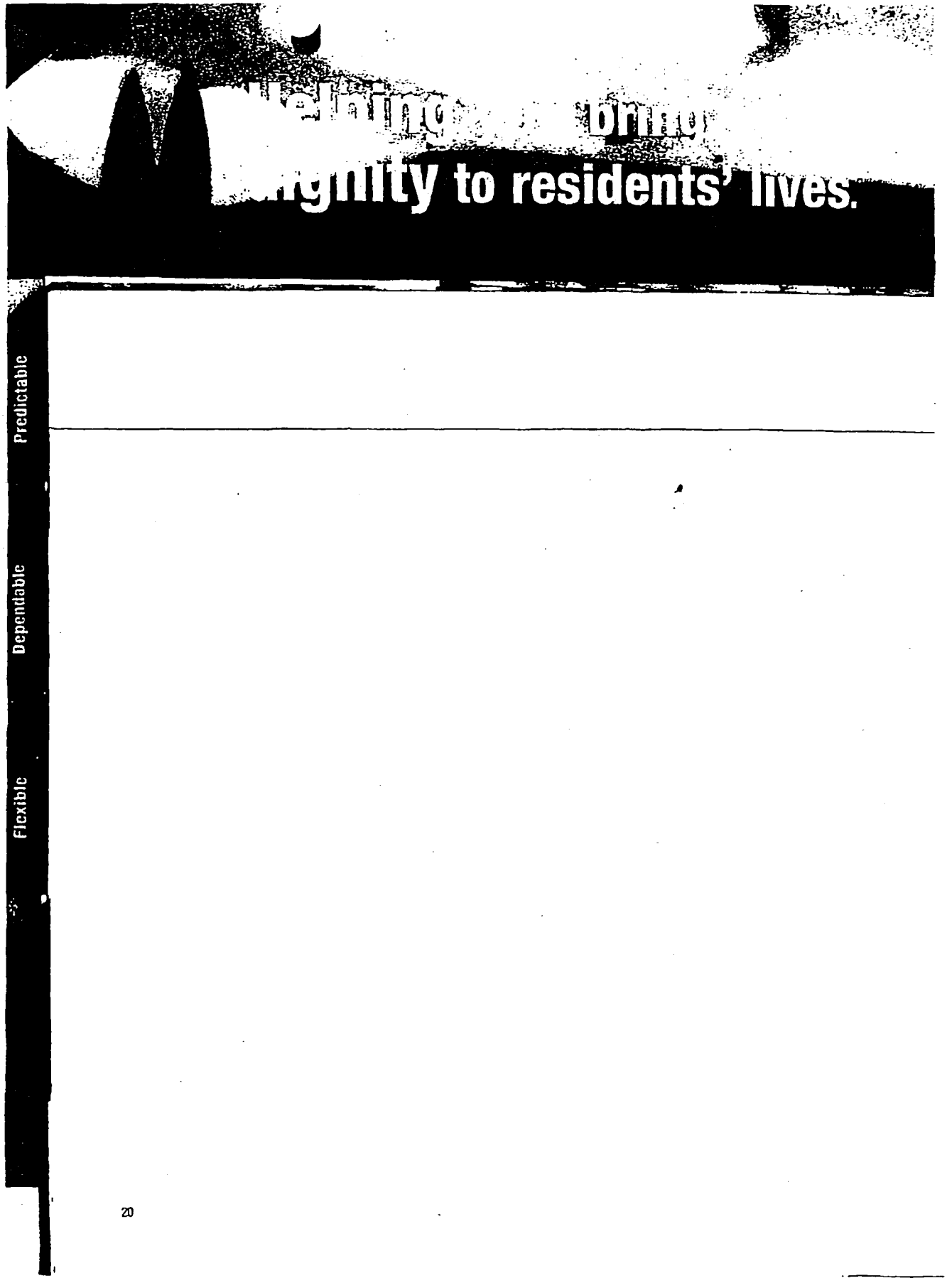
Simpson-Angus Scale for Parkinsonism is used to measure drug-induced parkinsonism. Items include: gait, arm dropping, shoulder shaking, elbow rigidity, wrist rigidity, leg pendulousness, head dropping, glabellar tap, tremor, and salivation. Items are rated on a 5-point scale from 0 (complete absence of condition) to 4 (presence of condition in extreme form).

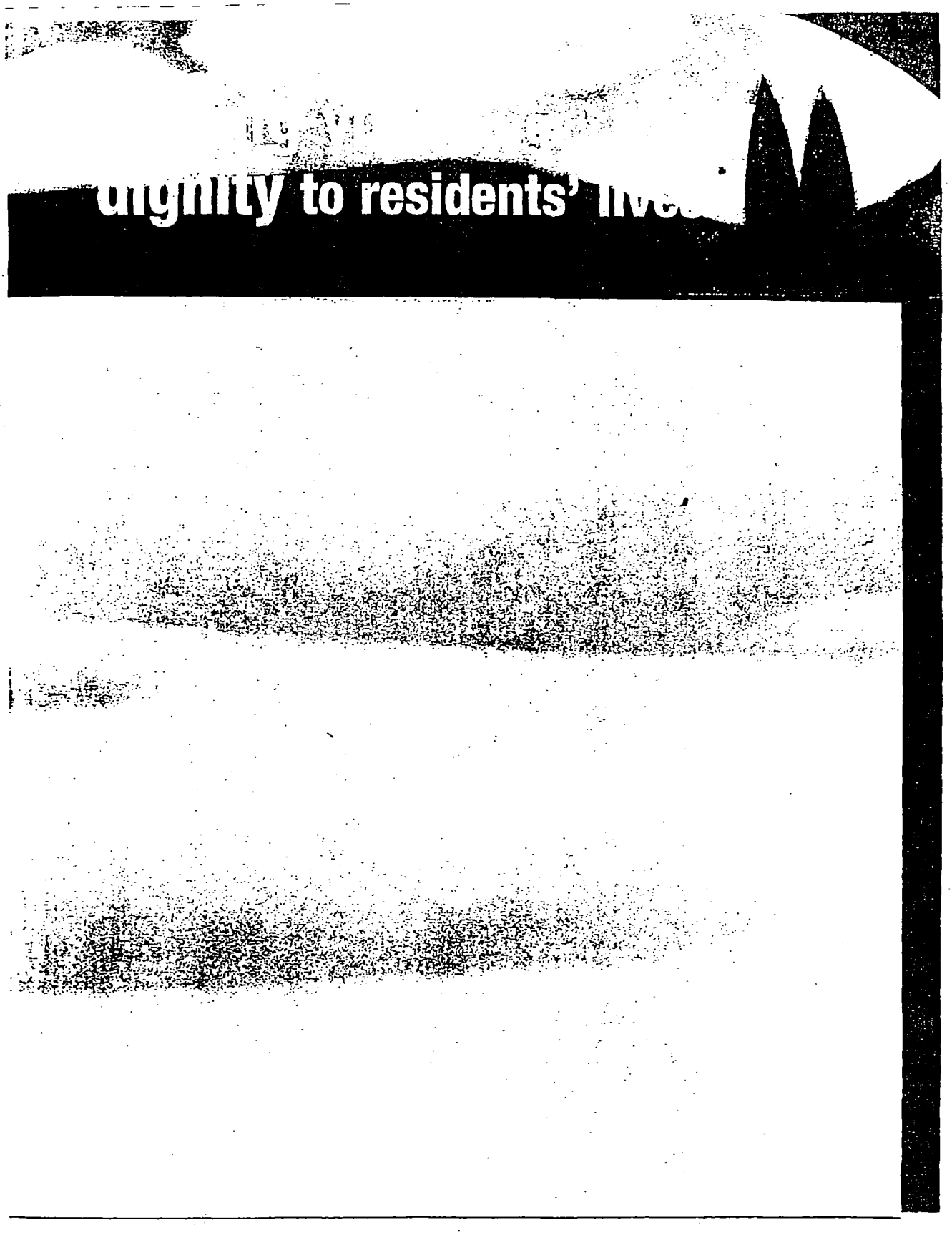
PANSS Cognitive Score includes: conceptual disorganization, difficulty in abstract thinking, stereotyped thinking, tension, mannerisms and posturing, poor attention, and lack of judgment and insight.

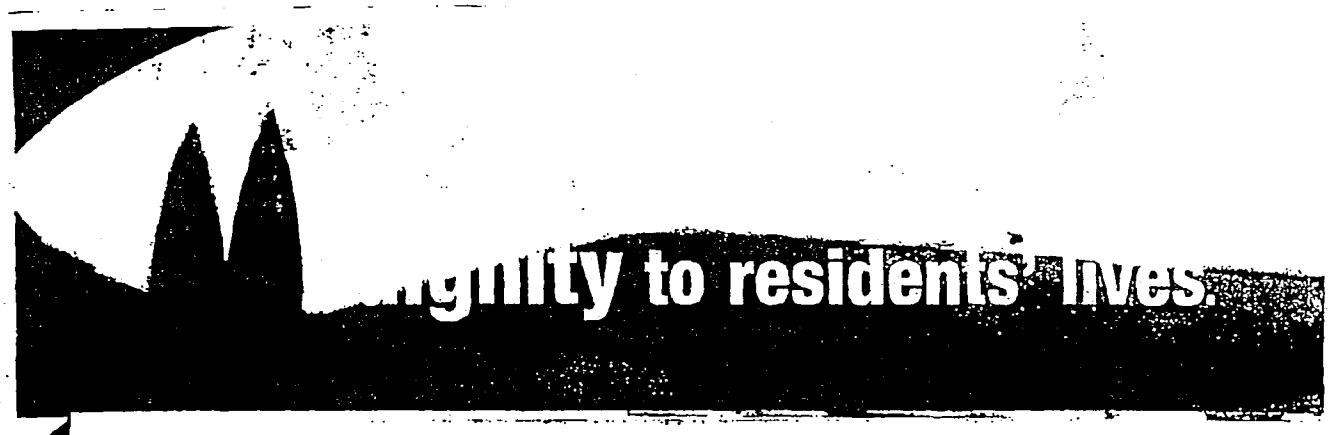
PANSS Depression Item measures depressive symptoms including sadness and hopelessness.

For additional safety profile and other important prescribing considerations, see pages 16-17 and full Prescribing Information. For safety information on risperidone or divalproex, see manufacturers' package inserts.

ZYPREXA
Olanzapine


ngnity to residents' lives.
Predictable
Dependable
Flexible

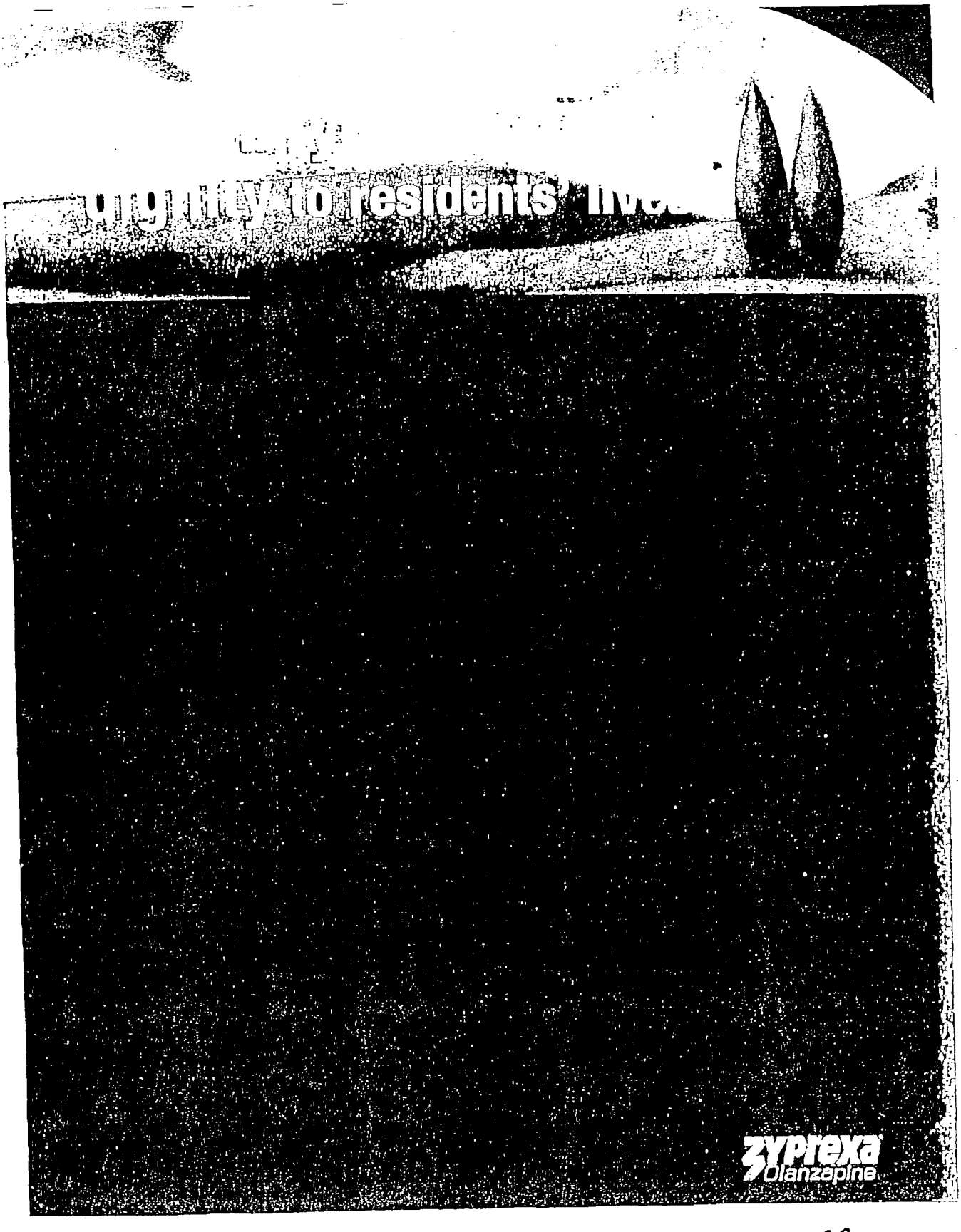

dignity to residents'
ZYPREXA
Olanzapine



Predictable

Dependable

Flexible



Lilly

Predictable symptom control of both psychosis and elevated mood helps you **restore calm.**

Dependable maintenance of treatment response in schizophrenia helps you **bring comfort.**

Flexible dosing helps you **customize care.**

Prescribed for more than 10 million patients worldwide.

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Please see accompanying full Prescribing Information.

ZYPREXA® Olanzapine

HELPING MOVE LIVES FORWARD™

Lilly